Schedule 2 Retail Licence

Application Form

*Medicines and Poisons Act 2014*

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| INSTRUCTIONS and INFORMATION |

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|  | This application form is for a **new** **Schedule 2 Retail Licence,** to sell Schedule 2 medicines by retail.  Schedule 2 Retail Licences will not be issued within 25 km of a pharmacy.  This application form **MUST** be completed by the nominated applicant who will be:   * the individual Licence holder or * a corporate officer, if the Licence is being issued to a body corporate or * a partner, if the Licence is being issued to a partnership   **All communication will ONLY be with the nominated Licence holder, corporate officer or partner.**  To request a change to an existing Licence, please complete an Application to Change a Schedule 2 Retail Licence, found at: [Application forms for Licences and Permits](https://ww2.health.wa.gov.au/Articles/A_E/Application-forms-for-Licences-and-Permits)  There are five parts to this form:  Part 1: Application form for a Schedule 2 Retail Licence.  Part 2: Personal Information: Identification, Fitness and Probity to be completed by the nominated Licence holder.  Part 3: Personal Information: Identification, Fitness and Probity to be completed by the nominated responsible person.  Part 4: Declaration, payment and checklist.  Part 5: Appendix |
|  | **Licence holder and qualifications and/or experience**  **2.1 Licences can be issued to:**  a) Individual applicants who must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 11.  **or**  b) Body corporate (corporation) or partnership where:   * each corporate officer (directors, company secretary, chief executive officer, general manager and chief financial officer) or partner must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 11.   **2.2 Qualifications/experience**  Qualifications and/or experience is not a pre-requisite for being a Schedule 2 Retail Licence holder.  **2.3 Licences issued to a corporation or partnership**  The corporation or partnership must always employ a person who has relevant experience in managing Schedule 2 medicines. This person must have authority within the corporation or partnership to determine policies and procedures in relation to managing and retailing Schedule 2 medicines.  **2.4 Licence holder responsibilities**  If the Licence is issued, it is the responsibility of the applicant (Licence holder) to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and any conditions placed on the Licence.  The Licence holder must also consider whether they have capacity to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Licence for every premises listed on the Licence. The Department may request further information in relation to this capacity.  The Permit holder should review standard operating procedures used by the organisation to check they are consistent with the mandatory requirements of the legislation and any conditions placed on the Licence.  There are penalties under the Act for providing false or misleading information when applying for a new Licence. |

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|  | **Person responsible for a premises and qualifications or experience**  An individual person must also be nominated to have overall responsibility for each premises to be included on the Licence. The role of the responsible person is to manage Schedule 2 medicines and be the contact person if the Licence holder is not available.  The responsible person for a premises must:   * be employed or contracted by the Licence holder * reside in WA * be the most senior person at the premises. * complete Part 3: Personal Information: Identification, Fitness and Probity * sign the declaration at Section 24.   **3.1** **Responsible person for a Licence issued to an individual person:**  The responsible person for a premises when a Licence is issued to an individual person can also be the Licence holder, only if the Licence is issued to an individual person and not a corporation or partnership.  **3.2 Responsible person for a Licence issued to a corporation or partnership**  The responsible person for a premises when a Licence is issued to a corporation or partnership can also be the employee who has relevant experience in managing Schedule 2 medicines. This person must also have authority within the corporation or partnership to determine policies and procedures in relation to managing and retailing Schedule 2 medicines. Refer to 2.3  Please note: a responsible person must consider whether they have capacity to oversee the day to day management of Schedule 2 medicines at every premises for which they are responsible. Where a single person is responsible for multiple premises, the Department may request further information in relation to this capacity. |
|  | **Required documents**  The applicant and responsible person are required to submit copies of certain documents.  If documents are not in English, also attach a translation certified as completed by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator.  Copies of photographic identification documents, such as a driver’s licence or passport must be certified as a true copy. A list of people who can certify copies of documents is found in Appendix A. |
|  | **Signatures**  All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature.  A “signature” that is copied and pasted and a “signature” that is the person’s name in a font style resembling handwriting will not be accepted.  The nominated Licence holder must sign the Declaration at Section 6 for obtaining a Licence. If the Licence will be held by a corporation or partnership, a corporate officer or partner must sign the Declaration. |
|  | **Personal Information: Identification, Fitness and Probity**  Each nominated Licence holder must complete Part 2: Personal Information: Identification, Fitness and Probity.  Each nominated responsible person must complete Part 3: Personal Information: Identification, Fitness and Probity.  If the nominated Licence holder will also be the responsible person, complete the Part 2 only.  Attach a **certified** copy of your photographic identification document, such as your driver’s Licence. A list of people who can certify copies of documents and the recommended wording is available in Appendix A. |

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|  | **Issuing a Licence**  Applying for a Licence does not guarantee a Licence will be issued.  An application must be deemed complete and payment received before the application is sent to the approvals team where a desktop risk assessment is conducted by an authorised officer.  If the Licence is issued:   * it will expire 1 year after the date of issue, * a renewal application will be mailed to the postal address approximately 2 months prior to expiry.   + It is the Licence holder’s responsibility to inform the Department if the postal address changes.   If the Licence is not issued:   * the applicant will be provided with details of the reasons in writing, * the yearly Licence fee will be refunded, * the application fee is non-refundable |
|  | **Distance from a pharmacy**  Licences will not be issued within 25 km of a pharmacy.  Existing Schedule 2 retail Licences will be cancelled if a pharmacy opens within 25 km. |
|  | **Processing applications**  Applications will be processed in order of receipt after payment has been processed by Finance,  provided the required fee has been paid. To ensure a timely decision about your application please:   * Complete all required Sections of the application, * **Attach** all requested documentation to the application, * Respond to requests from the Department for additional information as soon as possible, * Make sure appropriate staff are available if the Department needs to conduct a premises inspection, * Please do not submit your application as a digital image (photograph). |
|  | **Extra information**  When applying for a Licence, please refer to the: [Guide to applying for a Licence or Permit](https://ww2.health.wa.gov.au/Articles/A_E/Application-forms-for-Licences-and-Permits) |
|  | **Submitting the application**  Please email completed form and other requested documentation to: [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au) |
| **Incomplete applications may be delayed or returned to the applicant** | |
| **Please keep a copy of the completed application form for reference** | |

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| PART 1: APPLICATION for a SCHEDULE 2 RETAIL LICENCE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of applicant (nominated Licence holder) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please refer to instruction number 2 for information on the requirements for being a Licence holder. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Legal Entity (may be different to business or trading name): | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |
| Business or trading name: | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| Licence will be issued to: (tick which one applies): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual person (on behalf of a business). Complete Section 1.1 and 1.3 to 1.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Body Corporate (corporation) or partnership. Complete Section 1.2 and 1.3 to 1.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.1** | **Licence to be issued to an individual person** (on behalf of a business) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | |  | | | Forename/s: | | | |  | | | | | | | | | Surname: | | |  | | | | |  |
|  | Postal address: | | | | | |  | | | | | | | | Suburb: | |  | | | | | | Postcode: | |  | |  |
|  | Telephone: | | | |  | | | | | | | Fax: |  | | | | | Email: | | |  | | | | | |  |
|  | Position in business: | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
|  | The nominated Licence holder **must complete Part 2,** Personal Information: Identification, Fitness and Probity. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.2** | **Corporation or partnership.** Tick which one applies | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Corporation** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Each corporate officer: directors, company secretary, chief executive officer, general manager and chief financial officer **must complete Part 2:** Personal Information: Identification: Fitness and Probity; and | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1.2.1 **Attach** a copy of Current Company Extract from ASIC (with details of company directors and secretary) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Partnership** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Each partner **must complete Part 2:** Personal Information: Identification: Fitness and Probity. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Section 2 must be completed if the Licence is to be issued to a corporation or partnership. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.3** | **Business/Trading name** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **If** the business has a Business/Trading Name, **attach** a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (from Australian Securities and Investment Commission [ASIC]). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.4** | **Australian Business Number**: | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| **1.5** | **Australian Company Number** (ACN) or Australian **Registered Body Number** (ARBN), if applicable: | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **1.6** | **Registered business address of applicant:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Same as postal address shown above or: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | |  | | | | | | | | | | Suburb: | |  | | | | | | | | Postcode: | |  |  |
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| Licences issued to a corporation or partnership | | | | | | | | | |
| Is the applicant a corporation or partnership? | | | | | | | | | |
| No | |  | | | | | | | |
| Yes: complete Section 2.1 and 2.2 | | | | | | | | | |
| **2.1** | **Check** to confirm the corporation or partnership always employs a person who has authority within the business to determine policies and procedures in relation to Schedule 2 medicines. | | | | | | | | |
| **2.2** | **Name of current employee;** | | | | | | | | |
|  | Title: | |  | | Forename(s): |  | Surname: |  |  |
|  | Position title: | | |  | | | | |  |
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**Part 1: Application for a Schedule 2 Retail Licence**

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| Premises and building security details | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 3 must be completed for every premises listed on the Licence. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this premises being bought from another Schedule 2 retail business? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes: | | Name of previous Schedule 2 retail business: | | | | | | | | | | | | | |  | | | | | | | | | | |  |
|  | | The Department requires the previous Permit holder at the relocated or new added premises to remove the premises from their Permit. The application to remove the premises from the previous Permit holder’s Permit must be received by the Department prior to adding the relocated or new added premises to your Permit. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.1** | **Premises details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Premises name (if applicable): | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
|  | Building name and/or number: | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
|  | Premises address: | | | | |  | | | | | | | | | Suburb: | | |  | | | | | | Postcode: | |  |  |
|  | Telephone: | | |  | | | | | | Fax: | | | |  | | | | | Email: | |  | | | | | |  |
|  | Date of possession of the premises (settlement date/lease commencement/handover of building): | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  | Note: Licence will be issued with “Valid from” date on or after this date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.2** | **Person responsible for premises** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Refer to instruction number 3, for information on the requirements for being a responsible person for a premises. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | |  | | Forename(s): | | | | | |  | | | | | | | | | Surname: | |  | | | | |  |
|  | Nominated responsible person **must complete Part 3**: Personal Information: Identification, Fitness | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **3.3** | **Location of premises** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Distance from nearest pharmacy: | | | | | | | | | | |  | | | | | km | | | | | | | | | | |
|  | Name of nearest pharmacy: | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| **3.4** | **Building security** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please check all that apply: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Dedicated monitored alarm system | | | | | | | | | | | | Video surveillance system (CCTV) | | | | | | | | | | Motion detectors | | | | |
|  | Perimeter fence with lockable gate | | | | | | | | | | | | Perimeter alarm | | | | | | | | | | | | | | |
|  | Other – please describe: | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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**Part 1: Application for a Schedule 2 Retail Licence**

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| Storage of Schedule 2 medicines and access | | | | | | | |
| Section 4 must be completed for every premises listed on the Licence. | | | | | | | |
|  | | Where will the Schedule 2 medicines be stored? | | | | | |
|  | | Behind the counter | | Locked cupboard - may be glass fronted | Other, please specify: | | |
|  | |  | | | | |  |
|  | | Do you sell food and/or beverages | | | | |  |
|  | | No | | | | |  |
|  | | Yes: You must store medicines in a manner that ensures food and beverages will not be contaminated | | | | |  |
|  | | Please check the box to confirm appropriate storage will be implemented. | | | | |  |
| **4.3 Access to Schedule 2 medicines** | | | | | | |  |
|  | |  | Please check to confirm that only authorised persons, i.e. individual Licence holders, responsible person or other authorised staff employed by the business will have unsupervised access to the Schedule 2 medicines. | | | | |
| **4.4 Preventing access to Schedule 2 medicines** | | | | | | | |
|  | Please describe how non-authorised staff such as reception staff, cleaners and the public (including family and children) will be prevented from having access to the Schedule 2 medicines. | | | | | | |
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| Multiple premises | |
| Will Schedule 2 medicines be stored at multiple premises under this Licence? | |
| No | |
| Yes: complete Sections 5.1 and 5.2 | |
| 5.1 Will the responsible person for the other premises be the same as the individual Licence holder or a person responsible for the premises named in Section 3.1? | |
|  | Yes |
|  | No: Complete and **attach** Part 3: Personal Information: Identification, Fitness for the nominated responsible person for the other premises. |
| 5.2 Complete and **attach** Sections 3 and 4 for the other premises to be listed on this Licence. | |
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**Part 1: Application for a Schedule 2 Retail Licence**

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| Declaration by applicant to obtain a Licence | | | | | | | | | | |
| This declaration relates to the application itself and must be signed by the applicant or if the Licence is being issued to a corporation or partnership, the declaration must be signed by one of the corporate officers or partners.  Please refer to Instruction 5 for information on acceptable signatures. | | | | | | | | | | |
| I (provide full name): | | | |  | | | | | |  |
| of (provide full address): | | | |  | | | | | |  |
| hereby declare: | | | | | | | | | | |
|  | | The information contained in this application form is true and correct. | | | | | | | | |
|  | | I am aware that penalties apply under the *Medicines and Poisons Act 2014* for providing false or misleading information in this application. | | | | | | | | |
| Signature of **applicant:** | | |  | | | | | Date: |  |  |
| **Witnessed by:** | | | | | | | | | | |
|  |  | | | |  | |  | | |  |
| (Signature of Witness) | | | | | | (Name of Witness) | | | | |

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| PART 2: PERSONAL INFORMATION: APPLICANT |

**Part 2** assesses identification, fitness and probity of the Permit holder. If the Permit holder is an individual person,all sections of Part 2 must be completed.

If the Permit holder is a corporation or partnership all sections of Part 2 except Section 8 must be completed by each corporate officer or each partner.

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| Identification of applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 2, for information on the requirements for being a Licence holder. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.1 Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | |  | | | Forename/s: | | | | |  | | | Surname: | | |  | | | | Date of birth: | | | | |  |  | |
| Address: | | | |  | | | | | | | | Suburb: | | |  | | | | | | Postcode: | | |  | | |  |
| Postal address: | | | | | |  | | | | | | Suburb: | | |  | | | | | | | Postcode: | |  | | |  |
| Mobile number: | | | | | | |  | | | | | | | Email: | | |  | | | | | | | | | |  |
| Position in business: | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| **7.2 Certified true copy of a photographic identification document** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTACH** a certified1 copy of a WA State Government or Australian Government issued photographic identification document such as drivers’ licence or passport. Non-government issued identification documents will not be accepted. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.3 Role in relation to Licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | The individual who will hold the Licence on behalf of the business. Complete remainder of Part 2. | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | A corporate officer: only applicable if the Licence will be issued to a body corporate. Type of corporate officer: | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Director | | | | | | General Manager | | Company secretary | | | | | | | CEO | CFO | | | | COO | | | | |
|  |  | | Complete Sections 9,10,11 and 12 in Part 2 and **attach** a CV1 | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | A partner: only applicable if the Licence will be issued to a partnership | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Complete Sections 9,10,11 and 12 in Part 2 and **attach** a CV1 | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1The CV will be used to assess whether each corporate officer or partner meets the requirements of the *Medicines and Poisons ACT 2014.* | | | | | | | | | | | | | | | | | | | | | | | | |

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| Qualifications and experience of applicant applying as an individual person | |
| Complete this section if you are an individual Licence holder applying for a Licence on behalf of a business.  Do not complete this section, if the Licence is being issued to a corporation or partnership. | |
| Qualifications and experience is not required to hold a Schedule 2 Retail Licence | |
| **8.1 Access to Schedule 2 medicines and authority within the business** | |
|  | Please check to confirm that you will always have access to the Schedule 2 medicines stored at the premises listed on the Licence. |
|  | Please check to confirm that, you will have authority within the business to determine policies and procedures in relation to managing the Schedule 2 medicines listed on the Licence. |

**Part 2: Personal Information: Applicant**

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| Prior licences/permits for medicines/**poisons held by applicant** | | |
| To be completed by the nominated individual Licence holder, each corporate officer or each partner | | |
| **9.1** | Have you (or a company of which you were a corporate officer or a partner) previously held a Licence or Permit, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled? | |
|  | No | |
|  | Yes: please provide details of the Licence or Permit number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in: | |
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| **9.2** | Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? | |
|  | No | |
|  | Yes: please provide details of the name of the business, what type of Licence or Permit you applied for, why your application was refused and which state or territory the refusal occurred in: | |
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| Criminal check for applicant |
| To be completed by the nominated Licence holder, each corporate officer or each partner |
| Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory |
| No |
| Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences |

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| Financial resources of applicant | | | | | | | |
| To be completed by the nominated Licence holder, each corporate officer or each partner | | | | | | | |
| **11.1** | Have you been declared bankrupt or a debtor under any bankruptcy law? | | | | | | |
|  | No | | | | | | |
|  | Yes: What date was/will your bankruptcy be discharged? |  | |  | | | |
| **11.2** | Have you ever been a corporate officer of a company that was wound up or subject to an application for, or placed in, receivership or liquidation? | | Yes | | No | | |
|  | If you answered yes, please describe the type of business the action was associated with? | | | | | | |
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**Part 2: Personal Information: Applicant**

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| Declaration by applicant | | | | | | | |
| This declaration must be signed by the applicant (nominated Licence holder) about their personal information and includes probity check consent.  Please refer to Instruction 5 for information on acceptable signatures. | | | | | | | |
|  | In accordance with Section 39 of the *Medicines and Poisons Act 2014,* I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity in relation to holding a Schedule 2 Retail Licence. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity. | | | | | | |
|  | I am at least 21 years of age. | | | | | | |
|  | The information contained in this application form is true and correct. | | | | | | |
|  | I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information. | | | | | | |
|  | I am aware of my responsibility or the responsibility of the body corporate (if applicable) for the safe storage and sale of the Schedule 2 medicines and will ensure compliance with the *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016, and compliance with conditions placed on the Licence. | | | | | | |
|  | I will notify the Department of Health **if** I leave the employment of the business or I am no longer a corporate officer of the company that holds the Licence. | | | | | | |
| Signature: | |  | Name: |  | Date: |  |  |
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| PART 3**: PERSONAL** INFORMATION: RESPONSIBLE PERSON |

**Part 3** must be completed by the responsible person and assesses identification, fitness and probity

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| Identification of **responsible person** | | | | | | | | | | | | | | | | | | | | | | | | | |
| The role of the responsible person is to manage the medicines on a day to day basis and be the contact person, if the Licence holder is not available. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 3, for information on the requirements for being a responsible person for a premises. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13.1** Will the individual applicant applying to be Licence holder also be responsible for the premises named in Section 6.1? | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes: Confirm name: | | | | | | Title: | |  | Forename/s: | | | | |  | | | Surname: | | |  | | | |  |
|  | | There is no requirement to complete Part 3 | | | | | | | | | | | | | | | | | | | | | | | |
|  | No: complete all of Part 3. | | | | | | | | | | | | | | | | | | | | | | | | |
| **13.2 Personal details of responsible person** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | |  | Forename/s: | | | |  | | | | Surname: | | | |  | | | Date of birth: | | | |  |  | |
|  | Postal Address: | | | |  | | | | | | Suburb: | | |  | | | | | | Postcode: | |  | |  | |
|  | Mobile number: | | | |  | | | | | | | | Email: | | | |  | | | | | | |  | |
|  | Position in business: | | | | |  | | | | | | | | | | | | | | | | | |  | |
| **13.3 Certifiedtrue copy of a photographic identification document** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **ATTACH** a certified 1 copy of a WA State Government or Australian Government issued photographic identification document such as drivers’ licence or passport. Non-government issued identification documents will not be accepted. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1 Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy). | | | | | | | | | | | | | | | | | | | | | | | | |
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| Qualifications and experience of responsible person |
| Qualifications / experience is not a pre-requisite for being a responsible person for a Schedule 2 Retail Licence. |

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| Prior licences/permits for medicines/poisons held by responsible person | | |
| **15.1** | Have you (or a company of which you were a corporate officer or a partner) previously held a Licence or Permit, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled? | |
|  | No | |
|  | Yes: please provide details of the Licence or Permit number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in: | |
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| **15.2** | Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? | |
|  | No | |
|  | Yes: please provide details of the name of the business, what type of Licence or Permit you applied for, why your application was refused and which state or territory the refusal occurred in: | |
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**Part 3: Personal Information: Responsible Person**

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| Criminal check for responsible person |
| Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory |
| No |
| Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences |

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| Declaration by responsible person | | | | | | |
| This declaration must be signed by the nominated responsible person and includes probity check consent.  Please refer to Instruction 5 for information on acceptable signatures. | | | | | | |
| 1. I acknowledge my role is to manage the Schedule 2 medicines on a day to day basis and be the contact person, if the Licence holder is not available. | | | | | | |
| 1. I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity to be named as the responsible person on the Schedule 2 Retail Licence. These searches may include (without limitation) corporate searches, and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity. | | | | | | |
| 1. I am at least 21 years of age. | | | | | | |
| 1. The information contained in this application form is true and correct. | | | | | | |
| Signature: |  | Name: |  | Date: |  |  |
|  | | | | | | |

# PART 4**: PAYMENT and** CHECKLIST

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| Payment | | | | | | | | | | | | | | | | | | | |
| **Fee: $218** | | | | | | | | | | | | | | | | | | | |
| Comprising a non-refundable application fee of $109 and a 1 year Licence fee of $109.  Licence fee will only be refunded if the Licence is not issued. | | | | | | | | | | | | | | | | | | | |
| * + 1. Credit Card – American Express and Diners not accepted | | | | | | | | | | | | | | | | | | | |
|  | Card type: | | MasterCard | | | | | | Visa | | | | | | | | | | |
|  | Name on card: | | |  | | | | | | | Card number: |  | | | | | | |  |
|  | Expiry date: |  | | | | | | Amount:  **$218** | | | | | | | | | | | |
|  | Signature of cardholder: | | | | |  | | | | | | | | Date: | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | |
| * + 1. Direct debit to bank | | | | | | | | | | | | | | | | | | | |
|  | **Please quote applicant’s name or business name in the reference** | | | | | | | | | | | | | | | | | | |
|  | Bank: Commonwealth Bank: | | | | | | **BSB**: 066 040 | | | **Account number:** 13300018 | | | | | Amount: **$218** | | | | |
|  | Receipt Number: | | | |  | | | | | | | | Payment date: | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| * + 1. Cheque or money order – made payable to DEPARTMENT OF HEALTH | | | | | | | | | | | | | | | | | | | |

**Please keep a copy of the completed application form for reference**

Please email completed form and other requested documentation to [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au)

**PART 4: PAYMENT and CHECKLIST**

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| --- | --- | --- |
| Checklist | | |
| Please ensure all the appropriate requested documentation is attached for: | | |
| **Part 1 Application for a Schedule 2 Retail Licence** | | |
|  | Completed Part 2 - Personal Information: Identification, Fitness and Probity for the individual applicant, each corporate officer or each partner (Sections 1.1 or 1.2) | |
|  | If the Licence is being issued to a corporation, attach a copy of the Current Company Extract from ASIC (with details of all company directors and secretary (Section 1.2.1) | |
|  | If the business has a Business or Trading Name, attach a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (Section 1.3) | |
|  | Completed Part 3 -Personal Information: Identification, Fitness and Probity for responsible person if different from the Licence holder (Section 3.2) | |
|  | Copy of relevant sections if there are multiple premises (Section 5) | |
|  | Declaration signed and dated by **applicant** (individual Licence holder, corporate officer or partner (Section 6) | |
| **Part 2: Personal information, fitness and probity for applicant (nominated Licence holder) i.e:**  **Individual applicant, each corporate officer or each partner** | | |
|  | | Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 7.2). See Appendix A for a list of persons authorised to witness a signature |
|  | | If the applicant is a corporation or partnership, attach a CV and copies of qualifications for each corporate officer or partner (Section 7.3) |
|  | | If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 10) |
|  | Declaration about personal information signed by applicant (individual Licence holder, corporate officer or partner (Section 12) | |
| **Part 3: Personal information, fitness and probity for responsible person** | | |
|  | Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 13.3) See Appendix A for a list of persons authorised to witness a signature | |
|  | If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 16) | |
|  | Declaration about personal information signed by responsible person (Section 17) | |
| **Part 4: Declaration and Payment** | | |
|  | | Payment details completed with correct signature if paying by credit card (Section 18) | |

Please email completed form and other requested documentation to [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au)

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| PART 5: APPENDIX |

## 

## Appendix A: Certifying true copies of photographic identification

Suggested wording for certification is as follows:

I certify that this appears to be a true copy of the document produced to me on <date>

Signature

Name

Profession or occupation group

| **Persons who can certify documents** | |
| --- | --- |
| Academic (tertiary institution) | Medical practitioner |
| Accountant | Member of Parliament |
| Architect | Minister of religion |
| Australian Consular Officer | Nurse |
| Australian Diplomatic Officer | Optometrist |
| Bailiff | Patent attorney |
| Bank manager | Pharmacist |
| Chartered secretary | Physiotherapist |
| Chiropractor | Podiatrist |
| Company auditor or liquidator | Police officer |
| Court officer (judge, master, magistrate, registrar or clerk) | Post Office manager |
| Defence Force officer | Psychologist |
| Dentist | Public servant |
| Engineer | Public notary |
| Industrial organisation secretary | Real Estate agent |
| Insurance broker | Settlement agent |
| Justice of the Peace | Sheriff or deputy Sheriff |
| Lawyer | Surveyor |
| Local government CEO or deputy CEO | Teacher |
| Local government councillor | Tribunal officer |
| Loss adjuster | Veterinarian |
| Marriage celebrant |  |